

Secretary of State Application for Registration

Foreign Limited Partnership (LP)

IMPORTANT — Read Instructions before completing this form.

Foreign Certificate of Good Standing is required. See Instructions.

Filing Feo - \$70.00

General Partner's Signature

LP-5 (REV 1/2018)

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to 201823400003

Secretary of State State of California

AUG 2 1 2018

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1. Name of Foreign LP (See Instructions - Only enter an a	Iternate name	if the foreign LF	name in Ite	em 1a is not avail	able in CA.) .	
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)		1b. Enter the Alternate Name to be Used in California, if required,					
VIC STRATEGIC MULTIFAMILY PARTNERS B, L.P.					-		
2. LP History (See Instructions - Ensure that the formation of	date and jurisd	liction match the	attached C	ertificate of Good	Standing.)	1	
2a. Date LP was formed in home jurisdiction (MM/DD/YYYY)				or place where th			
10 / 02 / 2015		Delaware .					
3. Business Addresses (Enter the complete business ad	ddresses. Item	s 3a and 3b ca	nnot be a P.	O. Box or "in care	e of" an indl	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Codo	
268 Bush Street, Suite 1688		San Francisco			· CA	94104	
b. Mailing Address of Principal Office, If different than item 3a		City (no abbreviations)			State	Zip Code	
c. Address of required office in Jurisdiction of Formation, if any		City (no abbreviations)		,	State	Zip Code	
4. Service of Process (Must provide either Individual OR INDIVIDUAL - Complete Items 4a and 4b only. Must include	*.	ame and Califor	nia street ac	ldress.	-l.	<u> </u>	
a. California Agent's First Name (if agent is not a corporation)		Middle Name		Last Name			Sufflx
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)			State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the							
c. California Registered Corporate Agent's Name (if agent is a corpora	itlon) – Do not d	complete Item 4a	or 4b				
C T Corporation System			·				
5. General Partners (Enter the name and addresses of all t	he General Pa	artners. Attach	additional pa	ages, if necessary	y.)		
5a. General Partner's Name VIC Fund I-1B, LLC							
5b. General Partner's Address	City (no abbreviations)			State	Zip Cod	e .	
268 Bush Street, Suite 1688		San Francisco			CA	94104	4
6. Foreign Limited Liability Limited Partnership (0	Check this box	only if applicab	le) .	***		·	
Check this box if the foreign limited partnership is a foreign	eign limited li	iability limited	partnership	0.			,
All attachments are part of this document. I declare the deed. I further declare the information is true and contact the declare the information is true and contact the declare the information is true and contact the declared				is instrument,	which is	my act	and
O Clar	,	Yat-Pang At	ı, Manage	er of VIC Fund	l I-1B, LL	C,Gene	ral Par

Type or Print Name

LP-5

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIC STRATEGIC MULTIFAMILY PARTNERS B,

L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5842097 8300 SR# 20186287333

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jaffrey W. Bullioca, Secretary of State

Authentication: 203287477

Date: 08-21-18